

State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF CITIZENSHIP

To Be Completed By Applicant/Recipient Only

This Document Is Not Valid Unless Fully Completed.

Applicant/Recipient Name: _____ Date of Birth: _____

Address: _____

Head of Household (if the individual is younger than 21 years old): _____

1. ☐ I am a U.S. citizen.

2. ☐ I am 18 years old or older.

3. I am a U. S. Citizen because:

☐ I was born in the U.S. or a U.S. territory. Date and place: _____

☐ I was naturalized as a U.S. citizen. Date and place: _____

☐ I was born overseas to a U.S. citizen parent(s).

Date, place, and parent(s) name: _____

☐ Other: _____

4. I am unable to produce documents to prove citizenship because:

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature

Printed Name

Date Signed